

# PRIOR AUTHORIZATION REQUEST FORM

Please complete all sections. Incomplete forms will be returned.

## 1. PATIENT INFORMATION

Full Name: Jane Elizabeth Smith      DOB: 03/22/1975   Sex: M   F  
Member ID: AETNA789012345      Insurance: Aetna Health Insurance  
Address: 456 Oak Avenue, Springfield, IL 62701  
Phone: (217) 555-7890      Email: jane.smith@email.com

## 2. INSURANCE / PLAN INFORMATION

Insurance Company: Aetna Health Insurance   Plan Type: PPO   HMO   Medicare  
Policy Number: AET456789012      Group Number: GRP002  
Effective Date: 01/01/2024      Termination Date: 12/31/2024

## 3. PROVIDER INFORMATION

Requesting Provider: Dr. Michael Chen, MD      NPI: 9876543210  
Specialty: Cardiology   Neurology   Orthopedics   Other: \_\_\_\_\_  
Phone: (217) 555-2468      Fax: (217) 555-2469  
Address: 789 Heart Center Blvd, Springfield, IL 62701  
Facility: Springfield Heart Institute      Tax ID: 98-7654321

## 4. SERVICE / PROCEDURE REQUESTED

Service Type: Cardiac Catheterization  
CPT Code: 93458      ICD-10 Code: I25.9 - CAD  
Number of Treatments: 1      Requested Date: 12/22/2024  
Place of Service: Inpatient   Outpatient   Emergency   Other: \_\_\_\_\_

## 5. CLINICAL JUSTIFICATION

Medical Necessity:

Patient presents with chest pain and shortness of breath. Recent stress test was positive for ischemia. Patient has risk factors including hypertension, diabetes, and family history of CAD. Cardiac catheterization is medically necessary to evaluate coronary artery disease and determine appropriate treatment. Clinical guidelines support invasive evaluation for patients with positive stress tests and multiple risk factors.

Clinical Findings:

Chest pain (duration: 2 weeks)   Shortness of breath   Positive stress test  
Hypertension      Diabetes      Family history CAD

Prior Treatments:

Medical therapy (no relief)      Stress test (positive)   Other: \_\_\_\_\_

## 6. SUPPORTING DOCUMENTATION

Attached Documents (check all that apply):

Physician Notes (12/18/2024)      Stress Test Results (12/10/2024)  
EKG Results (12/18/2024)      Patient Medical History  
Insurance Card Copy      Laboratory Results  
Cardiology Consultation      Other: \_\_\_\_\_